

## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:	2024
Corporation	

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
BY 3 2021 1 150

1. Entity ID Number							
•	2. Exact name of the Corporation						
6155	SyNet, Ir	IC.					
Principal Office Address	•				State	Zip	
64 Dewey Avenue			Warwi	ck	RI	02886	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
2990	Cable contractor.						
	Cable Contractor.						
5. State of Incorporation							
Rhode Island	<u> </u>						
<ol><li>List ALL officers (names and add</li></ol>	resses)			Check the	e box to indicate	an attachment 🔲	
sident Name Stephen P. Beauvais			Vice-President Name Stephen P. Beauvais				
Street Address 64 Dewey Avenue			Street Address 64 Dewey Avenue				
<sup>City</sup> Warwick	State RI	<sup>Z<sub>1</sub>p</sup> 02886	City Warwick		State RI	Z <sub>IP</sub> 02886	
Secretary Name Dana A. Caggi	ano	Transport Marie				-	
Street Address 64 Dewey Avenue		Street Address 64 Dewey Avenue					
City Warwick	State RI	<sup>Zip</sup> 02886	City Warwick		State RI	Zip 02886	
8. List ALL directors (names and ac	<u> </u>					an attachment	
Director Name	101033037		Director Na		c box to indicate	. dir attacımlerit 🔄	
Street Address		Street Address					
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment				e an attachment  PAR VALUE	
Department of State. 100		NUMBER OF					
		100	Common		no	o par	
Changes require an additional filing.							
11. This report must be executed or	n behalf of the c	orporation by an au	uthorized rep	resentative. If the co	rporation is in th	e hands of a re-	
ceiver or trustee, this report must be	e executed on b	ehalf of the corpora	ation by the i	receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and							
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Stephen P. Beauvais, President					(X19 1014		
Signature of Authorized Representative							
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MAIL 10: Division of Business Services 148 W River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ni.gov